

Georgia Firefighter Standards and Training

Station Addition or Relocation Form

Agency Name: _____	Station Name: _____
Station Address: _____	
City: _____	County: _____ Zip Code: _____
Chief of Dept.: _____	Station Phone #: _____
Training Officer/Designee: _____	Alternate Phone #: _____
Insurance Carrier: _____	Policy Number: _____
Number of station personnel meeting requirements: _____ <i>(List on attached Personnel Form)</i>	

JURISDICTION

CHECK ONLY ONE FROM CATEGORIES 1-4

1. ☐ Government: An official unit of a government, and set up by that government. The signature on this form must be the chief administrative officer of the fire department.
- A. ☐ Municipal B. ☐ County C. ☐ State D. ☐ Federal
2. ☐ Subscription: A department funded by subscribers for fire protection.
3. ☐ Private Company: A company established (either profit or non-profit) to provide fire protection by contract. Non-profit means under IRS provision.
- A. ☐ Profit B. ☐ Non-profit
4. ☐ Independent Corporation: A department not meeting any of the above, and is established by corporate charter and by-laws; usually has Board of Directors which is responsible for the department.

TYPE OF DEPARTMENT

1. ☐ Paid (all) 2. ☐ Combination (part paid, part volunteer) 3. ☐ Volunteer (all)

Under penalty of perjury I verify that the foregoing information is true and correct based upon my personal knowledge and the information available to me, and that this department meets minimum requirements for compliance as provided for in Georgia law. I hereby request that the Georgia Firefighter Standards and Training Council review and/or inspect this department and issue a certificate of compliance.

Name: _____	Title: _____
Signature: _____	Date: _____
Notary: _____	Date: _____

Return to:



Georgia Firefighter Standards and Training
Georgia Public Safety Training Center
1000 Indian Springs Drive
Forsyth, Georgia 31029-9599

OFFICIAL USE ONLY

On-site inspection by: _____
Inspection date: _____
Agency Comp. # _____
Comp. cert. date: _____